L12000/56521

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SECRUTARY OF STATE
TALLAHASSEE, FLORIDA

Manager Comp.

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: GR8WEALTH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL F BUKOWSKI

Name of Person

GR8WEALTH LLC

Firm/Company

2285 FIRST ST

Address

FORT MYERS, FL 33901

City/State and Zip Code

MICHAEL@EDGEOFFORTMYERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL F BUKOWSKI

at (239-) 671-4119

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GR8WEALTH LLC.		· · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Limite</u>)	d Liability Company as it now app A Florida Limited Liability Compan	y) y)	
The Articles of Organization for this Limited Liability Company were Florida document number L12000156521		12/04/2012	and assigned
. This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			ASSE ASSE
Enter new mailing address, if applicable:			FF STAT
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	n our records, enter	the name of the new
Name of New Registered Agent:	DAVE DETTMANN		
New Registered Office Address:	2285 FIRST ST		
		Enter Florida street aa	
	FORT MYERS	, Florida <u>3</u>	33901
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL F BUKOWSKI	2285 FIRST ST	Add
		FORT MYERS, FL	Remove
		33901	_
MGR	DAVID A DETTMANN	2285 FIRST ST	Add
•		FORT MYERS, FL'	Remove
		33901	
			Add
		ACE CONTRACTOR OF THE CONTRACT	Remove
		07. E 07. F 07. 70. 70. 70. 70. 70.	
		<u> </u>	Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

2013 JAN -9 PH & 1